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PSYCHOLOGY FOR NURSES¹

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I think the doctors are going to decrease (thinking of the scriptural phrase), and the nurses are going to increase; but I don't know whether I would put it exactly that way. The doctors are going to deal, more and more, with the scientific side of medicine. We are just getting into that field, the scientific side, the side that we could sum up, as far as we now know, in the terms of bacilli or germs. The doctor's function is to determine by scientific study what particular germ is at work and how to get an antitoxin for it. He will work largely along the line of some scientific principle; of course it will not be the drug principle, excepting so far as it can be proven scientifically that any given drug will kill any given germ and not kill the patient.

But it is the nurse who has to be with the patient when he is thoroughly sick, who has to watch and study the development of the disease, the processes that are going on, the stages and phases of the difficulty. All this she has to watch and interpret to a very great extent. I think you will agree with me that there is a constantly increasing demand for nurses with good judgment, that is, who, though they may not have the technical knowledge of a physician, have in many cases to decide about the phases of the disease during a period of many hours.

When the doctor comes he asks, "What has happened?" Now what has happened may be written down in a mechanical way that would be of almost no benefit to the doctor. What has happened has to be determined by some one who has knowledge, insight and judgment, so that the record, when the doctor comes, is a record that is worth something; something that he can use and dares to use and apply his skill accordingly. Of course that means that the nurse is going to be more important; that she is going to become thoroughly professional.

I presume everybody will be in a profession before we get through, but they are not now. We started with two professions,—I am not sure but we started with one. The clergyman was probably the first professional man, then came the lawyer. The third was probably the doctor, though he was a good deal behind the other two. Since then we have been adding to the professions from time to time. The general distinction has been that a professional man is one who deals with the mental life, the inner life; and the non-professional, is one

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who deals with the material side of things. But we are going to cross that particular line of professionalism and get into the material. I think this definition would be a fair one for a professional man or woman, viz.: a man or woman who has a body of scientific knowledge or carefully acquired skill, and purposes to use such knowledge or skill to promote the common good.

Put those two things together and you have the lawyer, who is supposed to render a great public service in interpreting the principles of law for the average man in securing justice. A clergyman is supposed to get us into heaven. The teacher, is, of course, to give us education.

Take the maid in the house, suppose she had a systematic and careful body of scientific knowledge and had gained a certain amount of technical skill which is difficult to attain, and could go into the home and render a service there, promotive of the entire health and well-being of the household, why couldn't her work be professional?

Under the above definition, nurses are to-day professional. They will become more and more professional as their body of scientific knowledge increases. All present are interested in education and all are interested in increased technical skill.

Now along this line there is a field of knowledge which possibly has not had the emphasis that it should have up to this time, but which is undoubtedly having a growing emphasis in your profession. I refer to the knowledge of mind,—psychology. The fundamental thing that has prevented us from recognizing that this knowledge is absolutely essential to nurses and to their profession, is the fact of the long inherent tradition, that there are two distinct elements in mankind, the soul or mind, and the body; that the mind is something entirely apart from the body; that it is something very mysterious; that there are no definite laws that one can formulate respecting it; that it is something utterly capricious. On the other hand the body is matter and we know about that, but this strange, curious, capricious something called mind, nurses have nothing to do with. "Why bother about the mind?" thinks the nurse, "my patient is sick in his body; something is the matter with that and I must care for that."

Well, we have come to know, first, that there is not one possible activity of the mind that is not correlated with an activity of the body, and vice versa, not a single activity of the body that does not have its correlate in the mind. We have gone far enough to find out that the mind can affect the bodily good and the body can affect the mind, the health of the mind. We can start with the body and produce an effect upon the mind. We can start with the mind and produce an effect upon the body. Hence, it seems perfectly proper to infer that

they are inseparable and one thing, a unit, so far as we deal with them here in this world. If that is true, then must not the nurse know something about the mind? Can she interpret the facts in any given case of sickness and understand the forces that are at work without a knowledge of the laws of the mind?

I was asked to talk about the instincts. Well, I will state what the instincts are. Instincts are forms of action, of automatic action, and we all come into the world with them. We all have, for instance, the instinct of fear. The term fear is the emotional side of it; every instinct, every one of our actions which are instinctive, that are automatic, have to go along with something that we call emotion or feeling.

Now the real activity in the instinct of fear is flight. If some one comes and scares you, you run. You will do either one of two things if you are frightened, you either run, or you curl down and feign death, try to protect yourself by eliminating yourself. That is spontaneous action. Many animals, if danger is too near, shrink down and feign death. You do not have to teach any one to run when he is afraid. A child will get away, he will run without teaching.

If a child is hungry; there is an automatic arrangement, when the child comes into the world, to take care of the feeding. It is a very complex process, but the child can perform it without instruction or training.

Anger is the emotional side of the fighting instinct; curiosity is the instinct for learning things, and the corresponding emotion is wonder. For the repulsive instinct, which leads us to push things away from us, disgust is the corresponding emotion.

The protective instinct, by which we tend to shield and take care of living things, has the tender emotion as its correlate.

Then there is the self-emphasis instinct, that leads us to put ourselves forward, and we have the corresponding emotion of elation. The opposite of self-emphasis is the instinct of self-abasement with its corresponding emotion of submission. We have the instinct of play, the instinct of ambition, the instinct of suggestion, the instinct of acquisition and of hunger, of sex and the gregarious instinct, with which the nurse has much to do.

These are all forms of action and are accompanied by emotion. What is an emotion? You have to understand that, in order to comprehend what follows. The psychologists have worked on the emotions since they began the study of man at all, and it is only very recently that anybody has been able to say anything from a scientific point of view about them. The old psychologist dodged them altogether. He tried to make a rough classification of them but it was of little use.

For instance, I meet my enemy; a glance reveals to me that he is an enemy; the associations spring up in my mind that involve danger or that involve the idea that I must attack. I must get rid of him, I must put him out of the way. Then the fighting instinct functions. Nature has provided for that. My muscles become tense, the nerve energy fills up, rushes into its channels and makes the necessary muscles taut, so that I may use them effectively. My heart begins to beat more rapidly. What for? To send the blood circulating to every muscle and nerve. My breathing is deeper and more rapid. What for? To give me plenty of oxygen to invigorate the blood; in other words, to furnish the stimulus that the whole system needs to make me a good fighter and able to conquer my enemy. Now the rush to the brain of all these intense sensations, physical sensations; the tense nerves, the beating heart with the deep breathing; the pulsing of the blood through the veins, the set teeth,—all these flood the brain and we name this whirlwind of sensations, anger.

Now if an angry man goes right to fighting the other fellow as hard as he can fight, uses all these powers that Nature has provided for him and exercises his full strength, his anger works off in the proper and natural way that Nature has intended. But if he bottles up his wrath through fear of the law, there is no outlet for the tremendous nerve tension that is dammed up in his body and he is poisoned through and through. Every function of his body operates in a wrong way. The glands of the system, the various organs of the body, all turn ordinary secretions into poison.

I have gone into an illustration like this in order to emphasize, if possible, the serious nature of the nurse's problem. What does the nurse know about her patient's mind? What does she know about his past experience? What does she know about his feelings at any given moment? Has he fear in his mind? Have you ever thought how many different names there are for fear? Let me give a partial list: apprehension, suspicion, dread, consternation, dismay, disquietude, fright, horror, misgiving, panic, scare, terror, timidity, trembling, tremor, trepidation, anxiety. All of these represent a state of mind of your patient that is equivalent to fear, and although this fear is of something to come,—through imagination your patient makes it present now, and by making it present now he gets all the physical consequences involved in it and there is no way to get rid of it. Is it not clear, then, that the nurse must ask herself, What is the mental condition of my patient? Am I going to be able to find out what that condition is, to ascertain it even though he is secretive and does not want to tell me? Can I develop enough human sympathy to enable me to

get from him the cause of the fear, or anger, or jealousy, and thus be able to remove these sources of deadly poison?

Under the term anger one may include animosity, exasperation, frightfulness, fury, prejudice, indignation, ire, irritation, peevishness, rage, resentment, temper, vexation, wrath. All these, when they have possession of a patient's mind, are deadly foes to the recovery of health.

Are you going to be able to diagnose that situation? If not, your patient may be undergoing a process of secret poisoning without any knowledge of the fact on your part. All your efforts may be unavailing because of the secret foe of whom you are totally unaware. Ultimately you will be compelled to get the psychological knowledge that will enable you to successfully cope with your unseen enemy because, if you do not gain that knowledge, you will be forever fighting against a force that may spoil all that you try to do in your nursing.

I want to say something about the agreeable and the disagreeable as mental processes. Generally speaking, whatever is agreeable helps every process in the body. And the disagreeable tends to injure every process in the body. Should not the nurse then endeavor to make the entire environment of the patient agreeable? She cannot make over the hospital, but the hospital should be agreeable, the nurses should be agreeable, their dress should be attractive and comely, they should wear a smile in the presence of their patients. The meals in the hospital should be the best meals. Hospitals should have the best cooks that can be obtained. The meals should be perfect, the beds should be perfect, the maids should be comely, and everything should be served in the daintiest possible way, so that the mind of the patient may be filled with the beauty, the perfection and the satisfaction of it all, so that there shall be no room left for the disagreeable.

It may be that all hospitals live up to these conditions, but I don't think they do. You see the nurse, herself, sometimes gets angry at the patient, and that is the most foolish thing I can think of, for the patient is, as far as you are concerned, to be considered as irresponsible. There should be no feeling of rebellion in your own mind because he says something disagreeable. It doesn't make any difference how disagreeable he is to you, you can stand the disagreeable, you are well, but your patient must have the agreeable.

In conclusion, let me say this: that we must take the mind with the body. We must take it into account increasingly, from now on. Every phase of life, because it is life, and it is the heart of life, must take into account the laws that govern the mind.